

CALIFORNIA'S PUBLIC BIRTH, DEATH, AND MARRIAGE INDEX FILES

FOR GOVERNMENT APPLICANTS ONLY

ORDERING INSTRUCTIONS

The California Public Birth, Death, and Marriage Indices are available on CD-ROM, pursuant to Health and Safety Code 102230(b). These files are produced with multiple years on a single CD-ROM. The files are comma delimited for ease in uploading to a database package.

The Birth Indices have 6 information items:

- | | |
|-------------------------|-------------------------------------|
| 1. Last Name of Child | 4. Date of Birth |
| 2. First Name of Child | 5. Sex of Child |
| 3. Middle Name of Child | 6. Place of Birth (County of Birth) |

The Death Indices have 9 information items:

- | | |
|----------------------------|---|
| 1. Last Name of Decedent | 6. Place of Birth (Country or State of Birth) |
| 2. First Name of Decedent | 7. Place of Death (County of Death) |
| 3. Middle Name of Decedent | 8. Date of Death |
| 4. Sex of Decedent | 9. Father's Last Name |
| 5. Date of Birth | |

The Marriage Indices have 13 information items:

- | | |
|----------------------------|-------------------------------|
| 1. Last Name of Groom | 8. Age of Groom |
| 2. First Name of Groom | 9. Age of Bride |
| 3. Middle Initial of Groom | 10. Date of Marriage |
| 4. Last Name of Bride | 11. County of Issuing License |
| 5. First Name of Bride | 12. Local Registrar's Number |
| 6. Middle Initial of Bride | 13. State File Number |
| 7. County of Marriage | |

To purchase copies of the indices, please follow these instructions:

- Complete the attached order form. Check the specific index files you require and calculate the total cost.
- Please attach a description of the proposed use(s) of the indices, on your agency letterhead.
- The description should be signed by the head of the program that will be using the indices or the principal person who will be responsible for the indices. Signature on letterhead satisfies the legal requirement for proof of identity.
- That same person should also read the agreement carefully and sign where indicated on the second page of the order form. (Note that this signature is provided under penalty of perjury).
- Please see the next page for payment and mailing instructions.

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PAYMENT AND MAILING INSTRUCTIONS

Please enclose your **check or money order** made payable to:
California Department of Public Health.

We cannot accept credit cards or send files via a purchase order.

Payment must be received before files are released.

Federal Taxpayer ID Number: 94-6001347

If an invoice is needed in order to process a check, please contact the
Office of Health Information and Research below.

- **Please do not mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.**

Please mail the completed application materials and payment to:

California Department of Public Health
Office of Health Information and Research
Attn: Laurie Smith-Giles, Research Analyst II
P.O. Box 997410, MS 5103
Sacramento, CA 95899-7410

Phone: (916) 552-8095 Fax: (916) 650-6889

E-Mail: Lsmithgi@dhs.ca.gov

Fed-Ex Deliveries: Fed-Ex deliveries are not accepted using the P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

ORDER FORM
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Name:			Date:		
Title:		Organization:			
Street Address:				City:	
State:	ZIP Code:	Phone:	Fax:		
E-Mail:					

Files:	Years Requested	Total Cost
<input type="checkbox"/> BIRTH INDEX FILES:	Cost of Files: \$10 Per Year. Years Available: 1905 to 2004. Please indicate the year or years requested: _____ to _____	\$
<input type="checkbox"/> DEATH INDEX FILES:	Cost of Files: \$10 Per Year. Years Available: 1905 to 2004. Please indicate the year or years requested: _____ to _____	\$
<input type="checkbox"/> MARRIAGE INDEX FILES:	Cost of Files: \$10 Per Year. Years Available: 1960 to 1985. Please indicate the year or years requested: _____ to _____	\$
Total Enclosed (No Tax, Shipping, or Handling Fees)		\$

DISCLAIMER

Index data, prepared pursuant to Health and Safety Code section 102230, may not be accurate or complete due to a variety of circumstances, including amendments to the legal records that may have been filed after the production of the indices. Indices are not legal records and should not be used as substitutes for the legal records from which they were derived.

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Intended Use of Indices

Please attach a description of the proposed use(s) of the indices on your agency letterhead. The letter should be signed by the director of the program that will be using the indices or the principle person who will be responsible for the indices.

California's Public Index Access Agreement (Signature Required)

I, the undersigned, on behalf of the agency represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

1. I will not sell, assign, release, otherwise transfer, or allow public access to the indices or any portion thereof.
2. I will not post the indices or portions thereof on the Internet.
3. I understand that any analyses, interpretations, or conclusions reached regarding the indices are mine and not those of the California Department of Public Health.
4. Technical descriptions of the data that I make will be consistent with those provided by the California Department of Public Health.
5. I will not use these indices, or any portion thereof, for fraudulent purposes.

User's
Signature: _____ Date: _____
Printed
Name: _____ Title: _____
Agency: _____ Section: _____

Center for Health Statistics (CHS) Use Only

CHS Rev. Code: 142500-05-84306-4835

Application Complete: _____

CHS
Authorization: _____ Date: _____

State Registrar, Chief, Center for Health Statistics, Department of Public Health